

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BARRASSO

Mailing Address 6896 CASPER MOUNTAIN RD

City
CASPERState
WYZip Code
82601Purpose of Disbursement
ContributionCandidate Name
JOHN A BARRASSOCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: SB23.5819

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00									
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B.

Full Name (Last, First, Middle Initial)

FRIENDS OF SAM JOHNSON

Mailing Address P.O. Box 860096

City
PlanoState
TXZip Code
75086Purpose of Disbursement
ContributionCandidate Name
SAMUEL R. JOHNSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: SB23.5845

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Amount of Each Disbursement this Period

1000.00									
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C.

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway
Suite FCity
ErlangerState
KYZip Code
41018Purpose of Disbursement
ContributionCandidate Name
GEOFFREY C DAVISCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: SB23.5818

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Amount of Each Disbursement this Period

1000.00									
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SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)